

Frederick County Public Schools

... to ensure all students an excellent education

Human Resources

Application Leave of Absence

Name of Applicant _____ Date _____

FCPS Work Location _____

I have read and understand the leave of absence policy as explained on the reverse side of this application and hereby request a leave of absence from:

_____ to _____
Beginning Date of Leave Ending Date of Leave

This leave is requested for the reasons stated below. Please provide a brief but detailed description of your reasons for the request.

I hereby confirm my intention to return to employment with Frederick County Public Schools at the expiration of the requested leave of absence.

Applicant's Signature _____

Principal's Signature _____

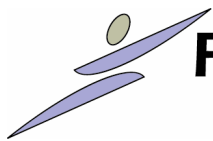
(For School Board Use Only)

Application Received _____

Application Approved _____

Application Disapproved _____

Superintendent or Designee _____



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Application for leave-of-absence must be submitted to the board, through the principal at the employee's work location, and must include: (1) reason for leave (2) duration of leave (3) declaration of intent to return to Frederick County Public Schools. The principal will forward the official application to the superintendent, who will present it to the board for action on or before the regular March meeting for the following school year. Applicants filing after March will be considered only in extraordinary circumstances.

The board will consider the following specific reasons as valid in granting a leave-of-absence without pay on requests from professional and support personnel:

1. Military duty
2. Advanced study on a college or university level (non-sabbatical)
3. Sickness or serious health problems
4. Temporary disability
5. Child adoption
6. Child care

The policy of the board will be to grant a leave-of-absence for one (1) school year or for the remainder of the school year to professional personnel who have satisfactorily completed three (3) consecutive years of service or are on continuing contract in Frederick County and to support personnel who have satisfactorily completed (3) consecutive years of service. Requests for leaves-of-absence shall be considered on a yearly basis not to exceed two (2) consecutive school years. An employee earns no service credit for the period of the leave.

If applicable, professional and support personnel on leave may continue health and life insurance at their own expense, and may retain their accumulated sick-leave and membership in the sick-leave bank. **IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO NOTIFY THE HR DEPARTMENT IF HE OR SHE DESIRES TO CONTINUE HEALTH AND LIFE INSURANCE DURING LEAVE. NO CREDITED SERVICE OR CONTRIBUTIONS WILL BE APPLIED UNDER VIRGINIA SUPPLEMENTAL RETIREMENT SYSTEM DURING THE LEAVE. NO SICK LEAVE, PERSONAL LEAVE OR ANNUAL LEAVE WILL BE EARNED OR ACCRUED DURING A LEAVE-OF-ABSENCE.**

When an employee returns to regular full-time duty within the same school year, he/she shall return to his/her same position unless a change in personnel allotment or staff organization necessitates his/her assignment to another position at no reduction in pay.

If an employee, following a leave-of-absence, returns at the beginning of the following school year, he/she shall be subject to assignment in the same manner as all other returning employees. The employee will not be guaranteed an assignment to the same position held prior to the leave-of-absence.

***IF CONTINUATION OF GROUP HEALTH AND/OR DENTAL INSURANCE IS ELECTED, SUCH CONTINUED COVERAGE SHALL BE COUNTED TOWARD THE MAXIMUM NUMBER OF MONTHS FOR WHICH THE EMPLOYEE IS ELIGIBLE UNDER COBRA PROVISIONS.**